		•		4.80,000
V. S. No. 2	DEPARTMENT OF COMMERCE	MICCOURT CTATE	DOADD OF HEALTH	1907300/
v. S. No. 2 0M9-4-41	BUREAU OF THE CENSUS	DEPARTMENT OF COMMERCE MISSOURI STATE IS STANDARD CERTIFICATION OF THE CENSUS STANDARD CENSUS STANDARD CENSUS STANDARD		
lev. 5-17-39	FILED HIM F-1006			State File No
29484	Registration District No.	Primary Registration Dist	strict No. 6076	Registrar's No. 1771
96	1. PLACE OF DEATHY		2. USUAL RESIDENCE OF DECEAS	
	(a) County At A aris	- 0 1	2. USUAL RESIDENCE OF DECEAS	,ED: 000
	(b) City or town (Se ue	seis, toke	(a) State	(b) County
NECORD		rite "RURAL" and name of township)	(c) City or town	nie: 9
Z		/	II # 23 / 3 /	town limits, write RURAL")
	(If not in hospital or institution, write a	′	(d) Street No.	If rural, give ocation)
खा	(d) Length of stay: In hospital or institution	(Specify whether	(e) Citizen of foreign country?	1
Į.	In this community	us		(Yes or No)
Æ	years, months or days)	!	If yes, name country	
PERMANENT	3. (c) PRINT Mary Low O'COnnor		MEDICAL CERTIFICATION	
A J	l	2 /A Social Security	20. DATE OF DEATH: Month	nay day 23-
	3. (b) If veteran,	3. (c) Social Security	year 19 12 hour	<i>7:</i>
¥	name war	No	21. I hereby certify that I attended the d	leceased from
MAKE	5. Color or	6. (a) Single, widowed, married,	19	to 19
	4. Sex female /race Whit	O divorced Child.	that I last saw h alive on	, 19;
J.	6. (b) Name of husband or wife	6. (c) Age of husband or wife if	and that death occurred on the date and	hour stated above.
L ×	1m	alive Mil years	Immediate cause of death	Duration
BLACK	7. Birth date of deceased nov.	30, 1930.	1 co Creve Caper	Attal Vardict.
BL	(Month)	(Day) (Year)	accident	1
	8. AGE: Years Months Da	ays If less than one day	Due to	······································
UNFADING	1 72 2 2			,
	17.17	7,	Due to	
Ž	9. Birthplace (City, town, or county)	(State or foreign country)		
	10. Usual occupation School	former or more sounds.	Other conditions	
USE		_	(Include pregnancy within 3 months of death)	
·	11. Industry or business	0 10	Major findings:	PHYSICIAN
<u> </u>	12. Name Charles	O connar	Of operations	Underline
Ξ	13. Birthplace	a Mo. 0		the cause to which death
PLAINLY	Chrytoyn, or county)	(State or foreign country)	Of autopsy	should be charged sta-
	14. Maiden name	- mo.		tistically.
	(City, town, or county)	(Star) or foreign country)	22. If death was due to external causes,	1
WRITE	16. (a) Informant Mailes	L. Connaci	(a) Accident, suicide, or homicide (speci	(y) accedent
- ▶	(b) Address 3 7 40 LCC	stminsty	(b) Date of occurrence	096
	17. (a) Suise (b) Da	ate thereof	(c) Where did injury occur?	(County) (State)
	(Burial, cremation, or removal)	(Month) (Day) (Year)	(d) Did injury occur in or about home, or	ty or town) (County) (State), n farm, in industrial place, in public place?
.	(c) Place: burial or cremation	moer of	(5	
	18. (a) Signature of funeral director	y marce	While at work? (Specif	y type of place) (c) Means of injury
"	(b) Address 5 7 Cells	mill mo	23. Signature faction	1863 of (MD, or other)
. [19. UN 2 1943 (b) (b) (b)	(Registrar's signature)	Address Arking	Mo: Date signed 5-21-4
				Date signed 3
į.	(Licensed Embalmer's Statement on Reverse Side)			

STATE OF THE PARTY OF THE PARTY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Registered Apprentice Nowwing under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Licensed Embalm

If this body is not embalmed, fact should be so stated above.